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ABSTRACT

This learning guide on assisting the elderly and individuals with disabilities is part of a series of learning guides developed for competency-based adult consumer and homemaking education programs in community colleges, adult education centers, community centers, and the workplace. Focus is on the connections among personal, family, and job responsibilities so that these aspects of living will complement each other. Introductory material includes general guidelines/check list for users with key to symbols used to designate enhancement activities and an introduction. The guide covers three competencies: relate needs of the elderly to quality of life; identify support services for assisting the elderly and/or individuals with disabilities; and describe elder abuse. Materials provided for each competency include a list of learner outcomes, key ideas, definitions, facilitator strategies, and suggested learner activities. Twenty-seven supplements contain information and activity sheets on the following: facts and myths about aging, adult needs, media images, support services, disabilities, self-esteem, coping, and elder abuse. A bibliography contains 91 items. (YLB)

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Assisting the Elderly and Individuals with Disabilities

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General Guidelines/Checklist for Users

The terms "facilitator" and "learner" are used throughout to describe the instructor and participants.

STRATEGIES (for facilitators) and ACTIVITIES (for learners), as stated in the guide, are not always parallel as to numbering system.

The facilitator needs to find out where learners are with each of the competencies. Previous work or educational experiences may be such that the facilitator may choose not to do all the competencies.

Key to Symbols - The following symbols are used throughout the guides to designate enhancement activities:

- Related basic skills, giving particular attention to language arts and mathematics
- Related decision-making and problem-solving skills, including the application and transferability of these skills to personal, family, and work responsibilities to be demonstrated
- Enrichment activities according to learner abilitiëš and experiences
- Interrelationship of concepts to personal, family, and work
- Influence of technology on the subject matter, application of knowledge, and related work
- Pre- and/or posttest assessments activities

Before addressing any of the competencies, the facilitator should check in advance to see what materials or preparations are needed for the competency as numbered.

Competency #1 - Relate needs of the elderly to quality of life.

_____Duplicate Supplement 7 if needed for a list of terms associated with aging.

_____Duplicate copies of Supplement 1, "Facts and Myths About Aging," if using, to distinguish facts from myths about aging (Method 3).

_____Make a transparency or copies of Supplement 2, "Meet the 'Typical' Elderly American," if using, to illustrate the statistically "typical" elderly American (Method 4).

_____Make a transparency of Supplement 3, "Changes in Your Body Over Time," if using, to illustrate physical characteristics of the elderly (Method 5).

_____Make a transparency or copies of Supplement 4, "Ten Basic Concepts of Aging," if using for Method 8, to assist the learner in developing an awareness of the aging process.

_____Make a transparency or duplicate copies of Supplement 5A, "Areas of Adult Needs," if using in Method 9.

_____Make arrangements for a field trip to encourage learners to interact with elderly citizens (Method 10).

_____Make arrangements for a panel to identify concerns of the elderly (Method 11).

_____Duplicate Supplement 11, "Housing Checklist," if using for Method 12.

_____Duplicate Supplement 6, "Old People Are . . .," as needed for Activity 1, related to attitudes.

_____Duplicate Supplement 8, "Media Watch Checklist," as needed for Activity 5 to identify how elderly people are portrayed on television.

_____The facilitator may need to provide magazines for Activity 6 if learner does not have any.

_____The facilitator may need to have available a list of questions to be used for interview in Activity 7.

Competency #2 - Identify support services for assisting the elderly and/or individuals with disabilities.

_____To assess the needs of the learner group, the facilitator may wish to consider preparing a questionnaire to determine if any of the learners are caregivers or have elderly/disabled relatives to determine focus for this competency.

_____If using, duplicate Supplement 10, "Support Services for the Elderly and Individuals with Disabilities," to pretest learners (Method 2).

_____If using, duplicate Supplement 9, "A Case Study on Aging—Mr. Card" to illustrate how the needs of an elderly person might be met (Method 6).

_____If using a panel, arrange for resource people to visit class to discuss concerns of the elderly/disabled (Method 7).

_____Make arrangements if using a field trip or planning a project with elderly or disabled individuals (Method 8).

_____Have resources available if learners are doing research to identify support services that assist the elderly/disabled (Method 9). Government publications listed in the reference section as well as a local telephone book may be useful to have available.

_____If using Supplement 18 "Self-Esteem," make copies for learners for Method 11.

_____If encouraging learners to volunteer to interview an elderly/disabled person, the facilitator might have a list of people to interview and appropriate questions to ask (Method 12).

_____Make copies of Supplement 12, "How Does a 'Blind Person' Get Around?," if using, to identify resources used by an individual with vision impairment (Activity 2).

_____ Duplicate Supplement 13, "The Hazards of Deafness," as needed (Activity 3).

_____If learners will be researching support services and creating a "Directory of Services," the facilitator might have a sheet listing where to look and what information to locate. The facilitator may also need to arrange for duplicating and distributing the finished "Directory of Services" (Activity 5).

_____Make copies of Supplement 15, "Persons with Disabilities," if using, for learners to list examples of limitations individuals with disabilities may have in meeting needs (Activity 6).

_____Make copies of Supplement 16, "Support Services for the Elderly and Persons with Disabilities—Case Studies," if using case studies to identify support services in Activity 7.

_____The facilitator may need to have suggestions of people who might be interviewed and sample questions ready if using the caregiver interview in Activity 8.

_____Make copies of Supplement 17, "Tips for In-Home Caregivers," if using to aid learners in giving directions to a caregiver (Activity 10).

_____Make copies of Supplement 18, "Self-Esteem," if using to review self-esteem (Activity 11).

_____Have index cards and markers available if using badges to boost self-esteem for Activity 12.

_____Have paper, markers, and pins or tape if using "Pat-on-the back" activity to boost self-esteem for Activity 13.

_____Duplicate Supplement 19, "I L.I.K.E. M.E.," to record ways to boost self-esteem.

_____Make copies of Supplement 20, "Stressful Events . . . for the Elderly or Disabled," if using to identify stressful life events.

_____The facilitator might have pictures from magazines or newspapers available to illustrate ways to handle stress.

_____Make copies of Supplement 21, "How Do You Cope?," if using to give good and bad strategies for coping with stress in Activity 16.

Competency #3 - Describe elder abuse.

_____Make copies of Supplement 22, "Abuse of the Elderly," if using to pretest learner knowledge and attitudes about elder abuse (Method 1).

_____The facilitator might wish to have a story or article about elder abuse available to introduce the competency.

_____Duplicate copies of Supplement 23, "Elder Abuse . . . It Happens," if using to give definitions or if using as a guide in preparing a sample report of elder abuse (Method 3).

_____Duplicate Supplement 24, "Case Studies—Images of Abuse," if using case studies to illustrate types of elder abuse (Method 4).

_____If discussing characteristics of caregivers and how to receive support, the facilitator should research local sources of help to caregivers (Method 6).

_____Duplicate Supplements 26A, 26B, and 27 if using to identify ways to prevent elder abuse (Method 7).

_____The facilitator will need to make arrangements for bringing in resource people to discuss elder abuse in Method 9.

_____Have copies of Supplement 25, "Elderly Simulation Activity," and props available if using elderly simulation activity. The facilitator may assemble gloves, playing cards, cotton balls, caramel candy, earmuffs, bell, glasses, Vaseline, an article done in tiny print, paper and markers for making signs, plain gelatin, and colored water.

Introduction

Most people want to live a long and satisfying life. In a fast-paced world which glorifies youth, speed, physical vigor, and innovation, many people take for granted automatic actions which require little or no thought. However, for an ever increasing percentage of the population, simple tasks may be daily challenges (Noble, 1990). For individuals who are elderly or for individuals with disabilities, life is not so automatic. For people with specialized needs, living a satisfying life is a challenge, and living a long life may be a struggle, not a goal.

All humans have the same basic needs. When one's needs are met, one may feel comfortable or have feelings such as joy, love, peace, and happiness and see the world as a good place to be. Feelings of discomfort such as anger, hatred, envy, and jealousy may be a signal that one or more basic human needs are not met and one's ability to see the world as a good place to be may be limited (Bavolek, 1988). The amount of satisfaction one may have with the way one lives (quality of life) may be affected by how well one's needs are met.

People use resources to meet needs. What one may have to work with (resources) may affect how able one is to meet needs. When resources do not enable one to meet needs, one may consider oneself "disabled" and one's needs may be thought of as "special."

People with special needs may encounter special barriers such as negative attitudes, communication, and architectural barriers. This may be "largely a result of fear, a lack of knowledge or general misconceptions about disabilities on the part of the general population" (*Persons with Disabilities and You*, 1992, p. ii).

"In the United States, there are approximately 36 million persons with disabilities. Disabilities are attributed to a mental or physical impairment or a combination of these impairments that substantially limits one or more of the major life activities" (*Persons with Disabilities and You*, 1992, p. ii) of an individual. Disabled people may include the elderly whose abilities to meet basic needs may be impaired, as well as those individuals other than the elderly who may have behavior disorders, hearing impairments, learning disabilities, speech and language impairments, mental retardation, physical impairments, and visual impairments. While studying disabled people as a group may be convenient, they are *people* and *individuals*. Individuals with disabilities are "people who happen to have a disability and should be treated equally and with the same level of courtesy as all other [people]" (Noble, 1990, p. 7).

Recognizing that statistics show, as a nation of people, America is growing older (U.S. Department of Commerce, 1992), all families will probably be involved in assisting the elderly to some degree. It is estimated that by the year 2030, one out of five people will be over the age of 65 (University of Illinois, 1987).

"Growing old affects individuals physically, socially, and financially" (Young, 1987, p. 21). Gerontologists (people who study aging) "have identified four factors that seem to contribute to the degree of happiness, contentment, and satisfaction in old age. They are good health, financial security, fulfilling relationships, and a positive attitude" (p. 21). The key to aging well might seem to be to prepare "for old age as a lifetime process" (p. 21).

This learning guide addresses ways to assist the elderly and individuals with disabilities. Understanding the elderly and individuals with disabilities can (1) assist the general population in dealing effectively with the elderly and/or individuals with disabilities in their homes and in their workplaces; and (2) help people prepare themselves for old age by making the aging process less mysterious and threatening as well as to make changes that may enhance their own aging process. Care has been taken to avoid stereotyping all elderly as disabled and to avoid treating disabled individuals as a group. Emphasis has been placed on acknowledging and addressing needs of *individuals* who may need support in creating a satisfying way of living.

Relate Needs of the Elderly to Quality of Life

Learner Outcomes

- Recognize how meeting basic human needs may affect quality of life.
- Distinguish between facts and myths regarding the elderly.
- Determine needs associated with developmental tasks of elderly people.
- List ways to assist the elderly in meeting their needs.

Key Ideas

The U.S. Census Bureau has classified individuals as the older population (age 55 and over), the elderly (65 and over), the aged (75 and over), and the extreme aged (85 and over).

There may be no adequate definition of "aging" or "old age." Each person may experience the process of aging in a personal and unique way (Zins, 1987a).

Aging is not portrayed in specific years because it proceeds at different rates for different people (University of Illinois, 1987). Characteristics attributed to aging are PHYSICAL (how one walks, bends, sits, whether or not vital organs are functioning efficiently); MENTAL (nerve and muscle coordination, learning ability, judgment, memory, sensitivity of the five senses); and, SOCIAL (ability of persons to function independently by shopping, cooking, managing financial affairs).

All humans have the same **areas** of needs: physical, emotional, social, intellectual, spiritual, and creative (Bavolek, 1988).

Definitions

elderly	- person(s) age 65 and older
needs	- necessary things including physical needs (sleep, food, exercise, water, air, sex); emotional needs (love, praise, a feeling of worthiness, security, trust, self-esteem); social needs (friendship, companionship); intellectual needs (learning, thinking); spiritual needs (belief in something bigger than oneself); and creative needs (self-expression)
lifestyle	- a way of living; may include *health* (food, clothing, physical care, health habits, dental and medical care, exercise, rest, relaxation), *environment* (shelter and setting for individual and family life), *personal services, transportation, security* (mental, physical, and financial), *education, cultural activities*, and *recreation*
quality of life	- the amount of satisfaction a person feels with his or her life based upon how needs are met
developmental tasks	- equate with tasks common to people at a given stage of life
stereotype	- a fixed notion of how a person, group, or idea is

Some needs of the elderly may include the following:

- easy-to-care-for-housing that is easily accessible to shopping and entertainment
- transportation for people who cannot or choose not to drive a car
- health facilities that are readily available and focused upon the needs of the elderly
- opportunities for the elderly to have interaction with people of various age groups
- services for people who can no longer attend to all of their household chores but who choose to remain in their own homes
- opportunities for the elderly who reside in institutions to become part of a broader community of people
- intensive health care facilities for the elderly who can no longer care for themselves
- recreational and entertainment facilities that meet the needs of elderly people
- financial management assistance geared to the needs of elderly people
- opportunities for elderly people to use their skills and expertise to better themselves and the community (Jorgensen & Henderson, 1990)

Personal well-being of the elderly may be related to a number of factors including good health; regular exercise; satisfying relationships with children, grandchildren, and friends; sound nutritional habits; adequate income and housing; satisfying marital relationships (Jorgensen & Henderson, 1990); control over one's physical environment (Work & Family Life, 1991); and personal feelings of self-worth or self-esteem (Zins, 1987a).

The way in which one's needs are met may determine one's lifestyle and the degree of satisfaction with one's way of living.

In **meeting physical needs of the elderly**, it is important for the elderly to maintain a healthy diet which includes a decrease in calories while maintaining vitamin and mineral intake and increasing the amount of fiber consumed. Eating alone and not having enough money for food are two causes of malnutrition among the elderly (Kentucky Department of Education, 1989). Some physical decline is an inevitable part of the aging process. As much as 50% of physical debilitation can be blamed on physical inactivity ("Exercise Reverses . . .," 1992). Professional literature on exercise suggests that even low levels of physical activity can lead to improvements in health and general well-being for the elderly including increased muscle strength, improved efficiency of heart and lungs, reduced bone loss, decreased feelings of isolation, increased mobility, improvements in feelings of self-esteem, and greater independence ("Exercise Reverses . . .," 1992).

In **meeting emotional and social needs of the elderly**, one may remember the elderly need to feel useful and needed. Specific and important responsibilities should be given to elderly family members. Interests inside and outside the home may keep an older person active, alert, and happy. All people need love and affection. Older people need opportunities to show thoughtfulness, consideration, and cheerfulness. Children and teens in the family could spend some time with the elderly to give a chance for young and old to develop love and respect for one another. The elderly need independence. They may appreciate a place for personal belongings, spending money, and privacy as a boost of dignity and self-esteem (Kentucky Department of Education, 1989).

Developmental tasks associated with aging include the following:

- adjusting to declining physical strength and health
- adjusting to retirement and a changed lifestyle, adjusting to the death of a spouse
- building friendships and associations with others in the same age group
- adopting and adapting social roles with flexibility
- establishing suitable housing arrangements (Adult and Family Living, 1990)

The value in knowing facts about aging benefits those elderly one might assist as well as one's self as a preparation for aging.

Strategies/Methods

1. The facilitator could introduce the topic of the elderly by doing an assessment of learner attitudes and knowledge such as asking learners to write a description of or verbally describe an elderly person (a family member, neighbor, or someone they know). ☑

2. The facilitator might ask learners to contrast two views of old age (a time in one's life that was once associated with sickness, disability, loneliness, and inactivity *vs.* the life of the elderly as one of freedom, wisdom of experience, time to explore interests, and so on). Discuss the way society may view the elderly.

3. The facilitator might use Supplement 1, "Facts and Myths About Aging," to aid learners in distinguishing myths from facts about aging. The facilitator might emphasize that just having parents or grandparents who are 65 years old or older may not mean one knows the facts about aging. Taking the quiz about the aging process and the aged may indicate whether one's ideas are fact or fiction.

   Answer Key to Supplement 1:

   1. F 6. F
   2. T 7. F
   3. F 8. F
   4. T 9. F
   5. F 10. F

4. Use Supplement 2, "Meet the 'Typical' Elderly American," to discuss the typical elderly American (built from statistical averages).

5. Supplement 3, "Changes in Your Body Over Time," might be used to discuss if this is a physical stereotype of the "typical" American elder. Ask the learner to name observable and non-observable characteristics which may occur as one ages physically. Emphasize that the elder of today is more active, in better health, and more educated than in the past. Discuss whether the picture portrayed tends to be accurate or a stereotype.

6. The facilitator might define "developmental tasks" in general. Emphasize that people of a common age may encounter the same types of challenges. These challenges common to an age group have been called "developmental tasks." Lead learners in discussing the tasks which may apply to the average elderly American. (See "Key Ideas" for task listing.)

7. A person undergoes physical, mental, and social changes as one ages. Each person ages differently. The facilitator should stress that understanding some of the changes in the aging process can better prepare people to meet personal needs as well as to better understand and assist other elderly people. (See "Key Ideas" for information.)

8. The facilitator might choose to use Supplement 4, "Ten Basic Concepts of Aging," to assist learners in developing an awareness of the aging process.

9. The facilitator should emphasize that one's basic human needs do not change as one ages. Using Supplement 5B, the facilitator might review the basic areas of human needs.

   The facilitator then could use Supplement 5A as a handout or transparency and ask learners to list which needs are portrayed by each picture. Discuss or contrast needs of adults to youth. ☑

   If appropriate, the facilitator could have learners, in groups, discuss and list needs of an elderly person in selected areas such as housing, transportation or health services. (See "Key Ideas.")

   Using ideas generated from groups, discuss and stress how meeting each area of need might affect the quality of life of an elderly person. (Refer to "Key Ideas.") For example, being totally dependent upon another for physical care may affect one's self-esteem.

10. The facilitator could consider a field trip to a senior citizens' center, nursing home, or other facility to interact with the elderly citizens. If appropriate, ask the elderly citizens what makes life worthwhile for them. What helps them feel worthwhile? What do they do to help others feel loved? What do they look forward to? An alternate activity could be to talk with someone who is retired and ask how his or her life has changed? How does the person get needs met as a retired person that were once met through working? Note: The facilitator should assist learners in understanding how meeting needs is related to an elderly person's quality of life.

Suggested Activities

11. The facilitator might consider arranging for a panel of elderly people or representatives from agencies/boards dealing with the elderly to give information on concerns of the elderly.

12. Housing not only meets a basic physical need for shelter (a safe and convenient place to eat, sleep, and store possessions) but emotional needs (a source of privacy, identity, independence, comfort, and self-expression). The facilitator might encourage learners to identify and evaluate housing options for the elderly/disabled. Some living arrangements may include privately owned homes, living with relatives, apartments, retirement communities, group homes, life-care facilities (apartments which offer health care services), and nursing homes. Encourage learners to discuss pros and cons of housing alternatives. Supplement 11, "Housing Checklist," might be used to evaluate the convenience of a living space.

13. It is important to recognize that because a person is elderly does not mean he or she is not employed or employable. Have learners relate instances where they know an elderly person is working, seeking employment, or volunteering on a regular basis. The facilitator could direct learners to brainstorm suggestions for elderly to do volunteer activities such as being a reading tutor if elderly are retired.

1. Using Supplement 6, "Old People Are . . .," have learners identify their current attitudes about old people, growing old, and being old. Have learners first finish statements about people in general. Then, turn paper around and finish the same statements about the elderly. Have students compare attitudes about people in general with attitudes about the elderly.

2. In order to become aware of the characteristics of the elderly, have learners list as many terms as possible which are commonly associated with elderly people. Supplement 7, "Terms Associated with Aging," can be referred to if ideas are needed. Have learners tell if the image portrayed in the picture in Supplement 3, "Changes in Your Body Over Time," is accurate of elderly people today.

3. Have learners demonstrate current attitudes and information about the elderly by writing the diary of an elderly person (perhaps the learner as an elderly person or a real person the learner knows). The learner should include the age of the person written about, health, diet, daily activity, living arrangements, family and friends, talents, attitude toward other people and toward life, what the elderly person can do alone, and what requires assistance.

4. Have learners role-play what it might be like to be an elderly person. The skit might be about a person's youth and then that person as elderly. Or, it could be developed around a particular developmental task of the elderly, related to a fear, a physical condition, a relationship, a living arrangement, or a family disagreement.

5. Have learners volunteer to observe television programs and list characteristics used to depict elderly characters (such as "The Golden Girls"). A source such as Supplement 8, "Media Watch Checklist" might be used. The learners might identify the stereotypes viewed. The following questions could be used:

   - Were the characteristics viewed accurate?
   - Were there distortions?
   - How did the elderly people viewed compare with your experience with the elderly?
   - Were there omissions in the way the elderly were portrayed?
   - Would the characters viewed be like you would wish to be as an elderly person?

6. Have learners volunteer to bring photos to class of special elderly people. Pictures from magazines or newspapers could also be used to illustrate an elderly person who might have some special appeal to the learner.

7. Learners might be encouraged to interview an elderly person. The facilitator may need to have examples of some questions which could be asked.

Identify Support Services For Assisting the Elderly and/or Individuals With Disabilities.

Learner Outcomes

- Describe the limitations of the elderly and/or individuals with disabilities in providing for their own needs.
- Identify sources of help to assist the elderly and/or individuals with disabilities in providing for basic needs.
- Determine ways to reinforce positive self-esteem for the elderly and/or individuals with disabilities.
- Identify strategies for assisting the elderly and/or individuals with disabilities in coping with stress.

Key Ideas

ELDERLY

Major life changes experienced by the **elderly** may include physical decline, loss of income, change in lifestyle, loss of social status, loss of work-related friends and activities, fear of physical and mental disease, and stress. Changes in role, social isolation, low income, and poor health can contribute to mentally and/or physically limiting factors which may affect one's abilities and functioning.

"By the time people reach their late seventies or eighties, illness or infirmity almost inevitably become a problem. Most people eventually need some kind of help, which may range from the informal assistance of neighbors . . . to organized programs of health and social services, complete with facilities, equipment, and staff" (Zins, 1987a, p. 139).

Definitions

basic needs	- things necessary to one's well-being, including physical, emotional, social, intellectual, spiritual, and creative well-being
support services	- resources used to aid the elderly and individuals with disabilities in providing things necessary to well-being; may be provided by family, friends, volunteers, professional caregivers, mutual help groups, or government agencies
caregiver	- one who is responsible for the safety, health, and protection of another (Kentucky Department of Education, 1989)
self-esteem	- how well one likes oneself
stress	- the body's reaction to a demand made on it
coping	- one's ability to adjust (to stress)
ADA	- Americans with Disabilities Act of 1990; law signed July 26, 1990, to prevent discrimination based on one's disability
disability	- a physical or mental impairment that substantially limits one or more of the major life activities of an individual (Dietz, 1990); may include behavior disorders, hearing impairments, learning disabilities, mental retardation, physical impairments, speech and language impairments, and visual impairments
handicap	- the degree to which a disability limits activity or prevents completion of a task

DISABILITIES

People with **disabilities** may have a physical or mental impairment that limits one or more of the major life activities of an individual. Disabled people are individuals and may have characteristics unique to their own set of circumstances. The degree to which one's disability limits activity or prevents completion of a task may be thought of as one's handicap and may include feelings of anxiety or depression, inability to function at work or to develop relationships, inability to communicate, inability to get around and to take care of oneself, low self-esteem and lack of confidence, hopelessness, a feeling of loss of control and helplessness, and difficulty in taking advantage of educational and employment opportunities.

SUPPORT SERVICES

Support services for the elderly/disabled are useful in providing things necessary to one's well-being and may include support of family, friends, volunteers, professional caregivers, mutual help groups, and government programs such as Social Security, Supplemental Security Income, veterans' benefits, Medicare/ Medicaid; government agencies in Illinois such as Illinois Department on Aging, Department of Alcoholism and Substance Abuse, Department of Commerce and Community Affairs, Commerce Commission, Conservation, Department of Insurance, Department of Mental Health and Developmental Disabilities, Department of Public Aid, Department of Public Health, Department of Revenue, Department of Transportation, Office of the Attorney General, Office of the Secretary of State.

Support services may assist the individual to achieve or maintain **independence, control** over one's environment, and to have **hope.**

Self-concept is the mental picture one has of oneself. **Self-esteem** is how well one likes the mental picture of oneself. Self-esteem can affect how one thinks, feels, and acts, and may be an important influence on how satisfied one is with one's way of living (quality of life). Self-esteem may be affected by good things and the bad things that happen in one's life.

If care needs to be given to the elderly/disabled, this may result in lower self-esteem due to the feeling of not being in control of one's environment.

Stress is the body's reaction to any demand made upon it—mental or physical. Stress can result from happy as well as sad situations. Major life changes may result in stress. The elderly and individuals with disabilities may experience stressful life situations. People may respond to stress by resisting (fighting it), avoiding (running away from it), or confronting/adapting (working to eliminate it or adapting to it). One's ability to manage stress depends upon one's ability to control one's situation.

Strategies/Methods

1. The facilitator should assess the needs of the learner group to determine proper focus of this competency (i.e., are they caregivers, do they have relatives who are elderly and/or disabled).

2. Pretest learners on current knowledge of support services using Supplement 10, "Support Services for the Elderly and Individuals with Disabilities." ☑

3. The facilitator might spend time defining the relationship of support services to controlling a sense of hope which is crucial to one's well-being. (See "Key Ideas.") In providing support services to the elderly/disabled, developing or maintaining independence and a sense of hope must be priorities.

4. Discuss how meeting one's needs can contribute to the quality of life of the elderly or persons with disabilities (e.g., providing transportation could permit an elderly person to get a part-time job at a school which might meet needs for being with people and might help boost self-esteem; or encouraging a mobility-impaired person to make choices regarding care might enable the person to feel in control of his/her environment). Learners might volunteer to share examples of needs of elderly/disabled with whom they might be familiar.

5. The facilitator might ask learners to describe some limitations of the elderly/disabled. (See "Key Ideas [Elderly]."). Examples: might include:

   - Elderly/disabled people may encounter others who may treat them badly due to negative attitudes, fears, misconceptions. Self-esteem may be affected by the good things as well as the bad things that happen.

   - Social isolation, malnutrition, self-neglect, and health care costs are causes for concern.

   - Loss of control of one's environment and a feeling of hopelessness may affect one's ability to meet needs.

6. The case study of Mr. Card (Supplement 9) might be used for discussion of how a person's needs were or were not met. Discuss how one might feel or act if needs were not met. Who could help? (See Activity 7 for questions.)

7. The facilitator might consider inviting a panel of resource people to discuss concerns of the elderly/individuals with disabilities. The panel might address meeting needs and/or support services available to assist the elderly or persons with disabilities. Panel members might include a nutritionist, a home health care worker, an attorney, a consumer advocate from the Attorney General's office, a law enforcement officer, a member of American Association of Retired Persons, or a nursing home administrator.

8. If feasible, the facilitator could arrange a field trip to visit with elderly/disabled people for the purpose of getting better acquainted with concerns of the elderly/disabled. Consideration might be given to developing a project with the elderly/disabled as a follow-up.

9. Encourage learners to find and identify support services that assist the elderly/disabled in meeting physical, emotional, and social needs. Learners might find examples of support services for the elderly/disabled in each of the following areas:

   - housing
   - transportation
   - interaction with people of different ages
   - adult day care
   - home care
   - social opportunities for one who may live in an institution
   - recreation and entertainment
   - financial management assistance
   - opportunities to use skills
   - counseling for working out personal problems
   - coping with stress
   - building positive self-esteem
   - special aids

   Refer to booklets listed under "Bibliography" for ideas of government support services for the elderly and persons with disabilities.

10. If caregivers are needed to meet needs of the elderly/disabled, discuss qualities needed in the caregiver. Some examples:

    - understanding the special needs of the person being cared for (empathy)

    - ability to manage personal stress that may result from special problems (such as retirement, fixed income, health problems)

    - ability to manage time

- ability to cope with own feelings of guilt, anger, depression, and/or frustration
- ability to seek assistance from outside the home in helping care for the elderly/disabled individual
- patience and understanding
- ability to assist the person cared for to develop or maintain independence
- high self-esteem
- positive attitude

11. Review Supplement 18, "Self-Esteem." Discuss how changes in one's life may weaken one's positive feelings of self. Some examples may include one's inability to do things for oneself or others, chronic illness which might prevent one from functioning independently, and one's loss of identity as a worker/athlete/spouse. The facilitator might direct learners to identify ways to boost the self-esteem of an elderly/disabled person.

12. Encourage learners to volunteer to interview an elderly/disabled person for the purpose of determining ways to reinforce positive self-esteem for the individual. Questions to ask might include What makes your life worthwhile? What makes you feel happy and fulfilled? What is your greatest success? What are some goals you have set?

13. All people experience some stress. Stress, whether real or imaginary, affects one's physical and mental health. People who have a sense of being in control of life events may be best able to cope with stress. The facilitator might list some positive ways to help the elderly/disabled people cope with stress such as releasing emotions, setting goals, avoiding or trying to anticipate major changes, remaining responsible, and seeking professional help. Learners might give examples of each from either personal experience or knowledge.

Suggested Activities

1. Using the case study of the elderly character, Mr. Card (Supplement 9), have learners list which of Mr. Card's needs are met (physical, emotional, social, intellectual, spiritual, and creative). Determine if some needs are not met. What limitations did Mr. Card have in meeting his needs? Suggest support services which might be needed.

2. Have learners read Supplement 12, "How Does a 'Blind Person' (Individual with Vision Impairment) Get Around." List the barriers encountered. Determine what resources a vision impaired person might have in getting around.

3. Using Supplement 13, "The Hazards of Deafness," have learners identify some of the humorous and potentially tragic situations a deaf person might encounter.

4. Using Supplement 14, "Role Play Handicapped Situations," have learners identify limitations disabled people might have in meeting needs.

5. Have learners investigate and report on sources of help to assist the elderly/disabled. A local telephone directory might be used, or the learner might use one of the booklets listed in the "Bibliography." Each report might include information about address and phone number, types of services provided, eligibility for services, charges, hours of operation, and contact person. The learner might collect available pamphlets and flyers. If appropriate or if there is interest, create a "Directory of Services" and make it available to various groups of the elderly and disabled.

6. Using Supplement 15, "Persons with Disabilities," have learners list on paper or give examples of the limitations persons with disabilities may have in meeting needs.

7. Have learners read the case studies in Supplement 16. For each case study, list in writing support services needed. Then determine some potential sources of help to provide those services. (If the learners developed a "Directory of Services," this could be a resource.)

8. If feasible, have learners volunteer to interview caregivers of the elderly or disabled about their responsibilities. Caregivers could be asked their greatest joys and/or greatest challenges. Caregivers could be asked to list strategies for coping with stress related to their jobs. Identify some characteristics of a desirable caregiver of the elderly/disabled.

9. Learners can prepare and give skits about different types of caregivers. List pros/cons of the following examples of caregivers:

   - THE MARTYR—One who gives own life to care for an aging or disabled parent and in turn becomes a person no one, not even the parent wants to be around.
   - THE ROBOT—One who does an efficient job with no emotional involvement.
   - THE FRIEND—One who likes life and as much independence as possible and helps the aging/disabled person to be as independent and as satisfied as the situation allows.

10. Review Supplement 17, "Tips for In-Home Caregivers." Have learners write directions or instructions to a caregiver of an elderly/disabled person. Use an example such as giving medication or preparing food.

11. Review Supplement 18, "Self-Esteem." Have learners discuss the importance of liking oneself (self-esteem). Discuss how one's self-esteem might be affected if one were elderly or disabled.

12. Self-esteem may be affected by the message one gets from others. Have learners brainstorm a list of messages which tell people they are **lovable** and **capable**. For example:

    "You can do it"!
    "You are fun to be around."
    "You are a great ___ ."
    "If it is to **be**, it is up to **me**."

    Each learner could select a message which might be adopted as their personal slogan and design a badge (on an index card). For example, "I'm OKAY" or "I have the power." The badge could be kept by the learner in an obvious place to look at often. Learners could design similar cards for a group of elderly/disabled persons.

13. Have learners construct the shape of a hand using heavy paper or cardboard. Tape the hand shape on another learner's back. Have learners silently walk around and write positive comments on each other's hand shape. After a few minutes, learners might introduce each other using comments from the "pat on the back" paper. Ask learners to respond in writing to the statement "I feel ___ after reading my 'pat on the back.'"

14. Have learners complete Supplement 19, "I. L.I.K.E. M.E.," to write down techniques one might use to boost self-esteem. Use again to identify ways to assist elderly/disabled individuals in boosting their self-esteem.

15. Have learners ask an elderly person or a person with a disability to help complete Supplement 20, "Stressful Events . . . for the Elderly or Disabled."

16. Have learners read Supplement 21, "How Do You Cope?," for some ways to cope with stress. Have learners select coping strategies that would be appropriate for an elderly/disabled person to use in managing stress.

Describe Elder Abuse

Learner Outcomes

- Define the problem of elder abuse.
- Identify characteristics of the elderly which may put them at risk for abuse.
- Identify circumstances that may contribute to abuse of the elderly.
- List sources of help available to prevent abuse of the elderly and to assist abused.

Key Ideas

Every year there are an estimated 500,000 to one million cases of abuse, neglect, and exploitation of the elderly. This includes caregiver neglect (active and passive), self-neglect, psychological abuse (verbal and emotional), physical abuse, and financial or sexual exploitation. Exact figures of elderly abuse in Illinois may be difficult to get, but it is estimated that 4% of the elderly population in Illinois (about 60,000-70,000) may be subject to some type of abuse each year. In Illinois, the most common types of abuse are neglect, emotional abuse, and financial exploitation (Illinois Department on Aging, 1990).

Causes/contributing factors in elder abuse may include the following:

- ageism (less than desirable attitudes toward aging and the elderly)
- attitudes toward the disabled
- sexism
- greed
- poverty and unemployment
- lack of community resources
- intrafamily cycles of abuse
- personal hedonism (self-interest) (Kosberg, 1988)

Definitions

abuse	- maltreatment
active neglect	- for a caregiver to intentionally deprive an elderly person of proper care
caregiver	- person responsible for the safety, protection, and health of another
confinement	- restraining or isolating an older person for other than medical reasons
conservator	- an agency, individual, or corporation appointed by a court to manage the financial resources of a disabled person
disabled person	- one who has a physical or mental impairment that substantially limits one or more of the major life activities of an individual OR - one declared by a court to be unable to provide for safety and physical health (food, shelter, clothing, health care, personal hygiene) or to manage property effectively
emotional abuse	- being insulted, threatened, called names, or harassed; verbal assaults, threats of abuse, harassment, or intimidation so as to force an elderly person to do or keep from doing something
neglect	- being denied food, medical care, clothing, shelter, or social contact; being forcibly confined or restrained
passive neglect	- when an elderly person is deprived of proper care due to a caregiver's inability to meet the needs of the elderly
malnutrition	- lack of proper food requirements for good health
mental impairment	- lessened capacity to think, reason, or learn
physical impairment	- lessened capacity of the body

High-risk family systems may include the following:

- lack of family support
- caregiver reluctance
- overcrowding
- isolation
- marital conflict in the family
- economic pressures
- intrafamily problems
- desire for institutionalization for the elderly family member
- disharmony in shared responsibility (Kosberg, 1988)

High-risk elderly (especially vulnerable to elder abuse) include the following:

- female; less likely to resist and more vulnerable
- advanced age; inability to resist adversities
- dependent; especially economic dependency
- problem drinker; inability to fend for self; spouse or child caregiver may be alcoholic
- intergenerational conflict; may become intensified by increasing dependency
- blames self for abuse; self-deprecating behavior and failure to acknowledge that abuse is the fault of the abuser
- displays excessive loyalty
- victums of past abuse
- stoicism; accept troubles without seeking relief
- isolation; lack of detection and intervention
- physical or mental impairment; increased stress to caregiver
- provocative behavior, overly-demanding, ungrateful, unpleasant behavior, and anger, plus pressures on caregiver (Kosberg, 1988)

Definitions Cont.

physical abuse	- being handled roughly, slapped, or hit; causing physical pain or injury to an older person; hitting, pushing, bruising, burning, sexually molesting, cutting, physically restraining; any infliction of physical pain or injury
self-neglect	- when an elderly person does not properly care for him- or herself
sexual abuse	- touching, fondling, or any other sexual activity with an older person when the person is unable to understand, unwilling to consent, threatened, or physically forced
verbal abuse	- name-calling, insulting, use of words which cause loss of self-esteem
victim	- person injured, neglected, or taken advantage of
willful deprivation	- intentionally denying an elderly person assistance and thereby exposing that person to risk of physical, mental, or emotional harm (except when the dependent person has expressed an intent to forego medical care or treatment)

Abuse of the elderly may occur in lower, middle, or upper income families. Victims and abusers come from all racial, religious, and ethnic groups.

Characteristics of high-risk caregivers include the following:

- Problem drinker—act out feelings under influence of alcohol
- Medication or drug abuser—may be unaware of consequences of poor care or have distorted judgment
- Senile dementia or confusion—psychologically impaired
- Mental or emotional illness
- Caregiving inexperience—inexperienced or self-centered
- Economically troubled
- Abused as a child—deliberate retaliation; learned behavior or unconscious hostility
- Stressed—under emotional, social, professional, or economic stress, caregivers may become depressed, frustrated, or distraught

- Unengaged outside the home—no formal or informal support system
- Blamer
- Unsympathetic
- Lacks understanding of physical and emotional problems of the elderly (translated into inappropriate care)
- Unrealistic expectations
- Economically dependent (greed, resentment, or anger)
- Hypercritical (becomes impatient) (Kosberg, 1988)

A problem with elder abuse is that the abuse may be hidden as injuries and confused with characteristics of aging. Elders may not report abuse.

Anyone can report a case of elder abuse in good faith. The Elder Abuse and Neglect Act protects reporters and case workers from civil or criminal liability. All information will be kept confidential.

The Illinois Department on Aging serves victims and abusers. Services may include in-home care, adult day care, legal help, emergency shelter, petitioning for an order of protection, law enforcement intervention, and so on. An elder has the right to accept or decline services.

Indicators of Elder Abuse

Physical indicators of elder abuse are signs of abuse one can see. Examples include broken bones, cuts, bruises, abrasions (possibly from slapping, beating, hitting); dehydration, malnutrition, bedsores, poor hygiene, soiled clothing, mysterious pain, over- or under-medication, and muscle shortening or shrinking due to lack of movement or lack of supervision (possibly from neglect).

Behavioral indicators of elder abuse are actions of either the victim or the abuser.

The **abuser** may . . .

- be reluctant to allow an elder to speak.
- not assist the elder.
- show an attitude of indifference or anger toward an elder who is dependent.
- threaten or insult the elder.
- give conflicting accounts of incidents.
- blame the elder.
- show exaggerated defensiveness and denial.
- have no eye contact with the elder.
- be mentally or physically impaired.

The **victim** may . . .

- be passive and withdrawn.
- be physically or mentally impaired.
- be aggressive, belligerent, and demanding.
- live with caregiver.
- give excuses for the abuser's behavior and care.
- show unusual fearfulness or appear intimidated.
- understate an injury or the seriousness of it. (Kentucky Department of Education, 1989)

Strategies/Methods

1. The facilitator should pretest learners to determine current knowledge and attitudes about elder abuse. Supplement 22, "Abuse of the Elderly," might be used. ☑

   Answer Key to "Abuse of the Elderly":

1. A	11. T
2. D	12. F
3. D	13. T
4. C	14. T
5. C	15. F
6. T	16. B
7. F	17. F
8. T	18. C
9. F	19. A
10. T	20. D

2. The facilitator can help learners understand the nature and extent of the problem of elder abuse by citing some of the statistics given in "Key Ideas" or by sharing a story or newspaper article about abuse of an elderly person.

3. The facilitator will need to define terms associated with abuse of the elderly. The "Definitions" section and Supplement 23, "Elder Abuse . . . It Happens," might be resources.

4. The facilitator should guide learners in the use of case studies in Supplement 24, "Case Studies–Images of Abuse." These case studies can be used to illustrate various types of abuse and neglect of elderly persons. The facilitator should emphasize the poor treatment of old people illustrated in the case studies *rather* than concentrating on identification of the *type* of abuse.

5. The facilitator might lead a discussion on what characteristics and circumstances of the elderly may put them at risk for abuse. Some points to consider are that the elderly may . . .

   - be totally dependent upon others for meeting their most basic needs.
   - have challenges which prevent them from living alone or taking care of themselves.
   - have a limited income and may be financially dependent on a caregiver.
   - be isolated and have little contact with others.
   - have trouble communicating thoughts and feelings.
   - present special problems to a caregiver. A mental or physical problem may require special care. There may be disruptive behavior by elders toward their middle-age children. Some medications or diseases may alter personality. The elderly person may be very demanding and try to control the family. They may yell, scream, pout, withdraw, cry, hit, throw objects, refuse food or medications, and sometimes call the police for imagined threats. (Kentucky Department of Education, 1989)

6. Caregivers, including adult children, need to understand special needs or be able to meet needs. Caregivers can become depressed and upset. Adult children may not always have an understanding and consideration for elderly family members.

   The facilitator should review characteristics of caregivers who are at risk for abusing the elderly. (See "Key Ideas.")

   Caregivers can get help and support. Identify local agencies that may sponsor support groups for caregivers on basic care techniques, handling anger, managing stress, and raising self-esteem.

7. The facilitator may need to encourage the learners to identify ways to protect the elderly from abuse. Supplement 26A, 26B, and 27 can be resources. Discuss any of the tips given and tell what can be done to protect the elderly. Some points to consider:

   - Establish regular contact with persons who are isolated or have no family or friends to check on them.
   - Learn to recognize signs of possible elderly abuse, neglect, or exploitation.
   - Refer caregivers and the elderly to available community or state support services.
   - Offer to assist caregiver by shopping, preparing meals, companionship, and so on.
   - Protect elderly persons by educating them to protect themselves, maintain their home, contact people or agencies for help, stay active, eat healthy, and avoid con games and swindles.

   Emphasize that elders may not report abuse for fear of embarrassment, fear of being placed in an institution, or fear of more abuse.

8. The facilitator could encourage the learners to locate sources for help to the elderly. Some sources for help and referral may include senior citizens' centers, Illinois Department on Aging, AARP, adult daycare

centers, the county mental health department, Red Cross, local churches and synagogues, Social Security Office, Illinois Attorney General's Office, Illinois Secretary of State, and volunteer programs. The value of having this type of information could be reinforced by having persons who have had to make use of these resources come in and share their experiences.

9. The facilitator might consider bringing in resource people to discuss abuse of the elderly. Resource people might include a representative of the following areas: Agency on Aging, county mental health, hospital emergency personnel, legal professional (such as a consumer advocate from the Attorney General's office), senior citizens' groups, and so on.

Suggested Activities

1. Have learners complete Supplement 22, "Abuse of the Elderly." Discuss current knowledge and attitudes about elder abuse.

2. Have learners read and react to Supplement 23, "Elder Abuse . . . It Happens," to become aware of the problem of elder abuse in Illinois.

3. Have learners individually or as part of a group, react to Supplement 24, "Case Studies—Images of Abuse."

4. Have learners play the role of observer of an elder who is suspected of being abused. The learners might use the indicators of elder abuse discussion to write a hypothetical report of elder abuse. Information that might be written about in a hypothetical report could include the type of abuse suspected, physical signs one can see, behavioral signs observed in both suspected victim and abuser, circumstances which might make the elder and suspected abuser at risk for elder abuse.

5. Using Supplement 23, "Elder Abuse . . . It Happens," as a guide, have learners prepare a sample report of elder abuse to the Illinois Department on Aging. In the report of abuse, the learners should include information that would allow a person or agency to evaluate the problem of elder abuse and respond quickly and appropriately. Include the following:

   - the elder's identity and address (fictional)
   - nature and extent of abuse, neglect, or exploitation (what happened and when)
   - the person(s) believed to be responsible for the abuse, neglect, or exploitation
   - any other information believed helpful

6. Have learners participate in the "Elderly Simulation Activity," Supplement 25, in order to identify some characteristics of the elderly which may put them at risk for abuse. The learners should identify how each characteristic may put an elder at risk for abuse. For example: poor hearing and social isolation might make an elder vulnerable to exploitation by a telephone solicitor; or, poor eyesight and impaired movement might make one more vulnerable to financial exploitation by a caregiver who takes over banking duties.

7. Have learners investigate sources of help that could prevent elder abuse and sources of help for the abused and the abuser. Learners should include examples of at-home help or support to the elderly, support services for caregivers, general aid and referral services, home care, medical help, protective services, and advocacy. Learners could collect this information and prepare a "Yellow Pages for the Elderly" which might be distributed in the local community. Information might be collected with the help of an area Department on Aging, Red Cross, county health department, Illinois Cooperative Extension Service, senior citizens' centers, adult day care centers, and so on.

SUPPLEMENT 1

Facts and Myths About Aging

DIRECTIONS: After reading each statement, circle "T" if the statement is true; circle "F" if the statement is false.

T F 1. Most of the elderly are living in long-stay institutions (nursing homes, mental hospitals, homes for the aged, and so on.)

T F 2. All five senses (vision, hearing, touch, taste, and smell) tend to decline in old age.

T F 3. The majority of old people feel miserable most of the time.

T F 4. About 80% of the elderly are healthy enough to carry on their normal activities.

T F 5. It is almost impossible for most old people to learn new things.

T F 6. In general, most old people are pretty much alike.

T F 7. Old people are very different from people who are not old.

T F 8. The majority of old people are socially isolated and lonely.

T F 9. The majority of older people have incomes below the poverty level (as defined by the federal government).

T F 10. Health care for older people is completely covered by Medicare/Medicaid.

Adapted from University of Illinois at Urbana-Champaign, Vocational Education Service. (1987). *Aging: A fact of life* (V HO 1001) (pp. 3-4). Springfield: Illinois State Board of Education, Department of Adult, Vocational and Technical Education.

SUPPLEMENT 1A

Facilitator's Guide To Facts and Myths About Aging

1. FALSE - According to census figures, the majority of elderly people (age 65 and over) live with a spouse or relative in a single family dwelling. Of persons 65 and over, 54.1% live with family; 38% live alone or with nonrelatives; and only 7.9% live in institutions or group housing such as retirement homes (University of Illinois, 1987).

2. TRUE - Aging may proceed at different rates for different people so all persons over age 65 may not experience the same effects of aging at the same time. Characteristics of aging are physical, mental, and social. Common physical changes of aging may include partial loss of functioning in all five senses—vision, hearing, touch, taste, and smell (Kentucky Department of Education, 1989).

3. FALSE - The way in which one's needs are met may determine one's lifestyle and the degree of satisfaction with one's way of living. Being elderly may mean physical, emotional, and social changes, but the majority of older people maintain personal well-being through good health, regular exercise, satisfying relationships, sound nutritional habits, adequate income and housing, control over one's physical environment, and personal feelings of self-worth and self-esteem.

4. TRUE - Fewer than 20% of elderly people are thought to have a mild degree of disability in their daily living activities (such as eating, dressing, personal care, shopping, light housework, and managing finances). Only 4% are considered severely disabled (Senior Series, 1993).

5. FALSE - Some research shows that aging may be accompanied by a decline in ability to process new information (including tasks related to learning, reasoning, and memory). The decline may seem to be less severe, occur later in life, and affect fewer elderly people than was once believed (Senior Series, 1993).

6. FALSE - The stereotype of the people age 65 and older may be one of loneliness, inactivity, deterioration, and dependency. Gerontologists (people who study aging) find more differences among older adults than between older adults and younger people. In spite of popular views to the contrary, older adults are an extremely diverse population (Senior Series, 1993).

7. FALSE - People have the same needs in common regardless of age. Attitude and value differences between older adults and younger people may be generational differences rather than changes associated with aging (Senior Series, 1993).

8. FALSE - Some elderly are alone, without family or friends, but this does not appear to be true for the majority of the elderly.

9. FALSE - About one-fourth of the single population age 65 and over suffers from poverty; the majority are able to live a fairly comfortable life (married couples have a higher income than single individuals over age 65). A small number made provisions for retirement years, invested resources wisely, and live very well (University of Illinois, 1987).

10. FALSE - Medicare and Medicaid are complex federal systems which assist the elderly in paying for health care. These systems do not cover all hospital and doctor bills, and do not cover all health services. On the average, Medicare may pay about 43% of the total health care costs of senior citizens. Low-income people who are eligible for Medicaid may not have additional insurance, but middle-income individuals may need additional private health insurance to cover deductibles, co-payments, and services not covered by Medicare (University of Illinois, 1987).

SUPPLEMENT 2

Meet the "Typical" Elderly American

The median age of all Americans over the age of 65 is 72, and two-thirds are women. Statistical averages built this profile of the "typical" elderly American:

- Mrs. Perkins is 72 years old.
- When she was born, one American in 25 was over age 65. Today, seniors are one in eight Americans, one-fifth of voters, and one-half of prime-time television viewers.
- Mrs. Perkins lives with her 76-year-old husband.
- Mr. Perkins will die in three years of heart disease.
- The Perkinses are both high school graduates who receive $566 a month from Social Security. Their total household income is near $20,000.
- They own their home and have no debts, but over half of their income is spent on housing, food, and medical care.
- They have two children, as well as grandchildren and great-grandchildren. They see a child at least once a week.
- She would like her husband to help more with the housework.
- He would like more interesting meals and more frequent sex.
- She takes six medications a day.
- She would trade two years of life for one year of good health, and she is not afraid of death.
- By her late 70s she will need help with shopping and getting around. She will get this help from a daughter.
- She will die at age 84 of heart disease.

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Source: *Fact Book on the Aging.*

Changes in Your Body Over Time

Hair: Thins and whitens

Vision: Declines: three out of five persons 75+ are affected to some degree, and more often in females than males.

Kidneys: Eventually lose up to 50% of their capacity to filter body wastes. This major system shows the greatest decline with age.

Heart:
1st—Between ages 20-90 the amount of blood pumped by the heart decreases 50%.
2nd—Muscle fibers contract more slowly.
3rd—Heart and blood vessels are more vulnerable to disease.

Bones: At 40+, the body no longer absorbs calcium efficiently, which contributes to fractures in more than 25% of all elderly women.

Joints:
1st—Begin to stiffen, particularly the hips and knees.
2nd—Compressed spinal discs shorten the body and cause a bent posture. Height loss of 1-3 inches is common.

Nervous System:
1st—Hardening of blood vessels create circulatory problems in the brain.
2nd—Aging reduces the speed with which the nervous system can process information or send signals for action.

Circulatory System: Failure in this system is the most common cause of death. Death from cardiovascular disease at age 75 is 150 times higher than at 35.

Hearing:
1st—Ability to hear high pitches is more difficult.
2nd—Normal sound levels are more difficult to understand.

Skin:
1st—Fine lines around eyes and mouth.
2nd—Lines deepen into wrinkles.
3rd—Skin loses elasticity and smoothness.
4th—Spots of dark pigment.

Lungs:
1st—Between ages 30-75, the amount of air inhaled and exhaled drops by 45%.
2nd—Between ages 30-75, the amount of oxygen passing into the blood decreases about 50%.

Hormones:
1st—Decline in hormonal flow from the adrenal gland, located atop the kidney, lowers the ability of the elderly to respond to stress.
2nd—For women, menstruation ceases.

Immune System:
This system becomes less efficient and therefore lowers the body's resistance to disease.

Muscles:
1st—There is a loss of muscle strength, which reduces coordination.
2nd—Lack of muscle tone causes a sagging of muscles.

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AGING IN AMERICA: AN INTRODUCTION TO GERONTOLOGY
By Sandra Zins
Delmar Publishers Inc., Albany, NY, Copyright 1987 p. 194.

SUPPLEMENT 4

Ten Basic Concepts of Aging

1. Aging is common to all people.
2. Aging is a normal part of life.
3. Aging is different for everybody.
4. Dying is part of the life cycle.
5. Aging does not always mean being ill.
6. "Older" includes age 65 & over.
7. Older people can and do learn.
8. Older people can and do change.
9. Older people want to stay in control of their lives.
10. Older people are vital human beings.

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Areas of Adult Needs

DIRECTIONS: Match each picture with a type of need listed. Then, for each need, give an example of a need of the elderly.

Types of Needs:

A. Physical

B. Social

C. Emotional

D. Intellectual

E. Spiritual

F. Creative

Examples:

_____

_____

_____

_____

_____

_____

Adapted and used with permission from Bavolek, S. J. (1988). *Nurturing program for parents and adolescents* (Parent Handbook) (p. 28). Park City, UT: Family Development Resources, Inc.

Areas of Adult Needs
Facilitator's Guide to Supplement 5a

Whether we are babies, teenagers, or adults, we all have the same area of needs.

Physical Needs
The need for sleep, food, exercise, air, water, and sex.

Emotional Needs
The need for love, praise, feeling worthwhile, security, trust, and self-regard.

Social Needs
The need for friendship and companionship. Usually sought from our peer group.

Intellectual Needs
The need for intellectual stimulation, thinking new thoughts, reading challenging books, and learning something new.

Spiritual Needs
The need to know that we are part of something bigger than ourselves and that we can increase our awareness and the sensitivity to the greater aspects of life.

Creative Needs
The need to express self: to make something, dance, or write a poem.

Adapted and used with permission from Bavolek, S. J. (1988). *Nurturing program for parents and adolescents* (Parent Handbook) (p. 28). Park City, UT: Family Development Resources, Inc.

SUPPLEMENT 6

Old People Are . . .

DIRECTIONS: Complete the sentences on the left. Then reverse the page and finish the next set of sentences.

In our society, people often are

_____ _____.

_____. _____

The thing I like best about people

_____ _____.

_____. _____

The thing I like least about people

_____ _____.

_____. _____

When a person I do not know sits down beside me, I

_____ _____.

_____. _____

Compare your first answers with your last answers.
What do your answers show about your beliefs toward old people?

30

In our society, OLD people often are

_____. _____

_____ _____.

When an OLD person I do not know sits down beside

me, I _____.

_____ _____.

The thing I like best about OLD people

_____. _____

_____ _____.

The thing I like least about OLD people

_____. _____

_____ _____.

SUPPLEMENT 7

Terms Associated with Aging

Afraid
Age spots
Ambitious
Angry
Bags under eyes
Bent back
Big purses
Brags a lot
Broken bones
Calm
Canes
Cold
Compassionate
Concerned
Deaf
Dentures
Depressed
Discriminated
Double chins
Elastic waistbands
Entertaining
Experienced
Feeble
Flabby triceps
Forgetful
Fragile
Freedom
Funny
Generous
Gentle
Glasses
Good cooks
Grandparent
Hair loss
Hair nets
Handsome
Happy
Hearing aids
Helpless
Hot
Humorous
Independent
Insecure
Interesting
Kind
Large nose
Likes to talk
Lonely
Lots of jewelry
Loved
Loving
Low chest
Mature
Nervous
Old
Old clothes
Pain
Polyester pants
Pretty
Quiet
Red lipstick
Relaxed
Religious
Retired
Sad
Scared of death
Self-conscious
Senile
Shorter than average
Shrinking body
Silver hair
Sleepy
Slow
Slow driver
Slow walker
Smart
Smiles a lot
Snores
Stingy
Sweet
Tells stories
Tired
Travels
Tremors
Uncomfortable
Unloved
Varicose veins
Walker
Weak
Weak muscles
Wealthy
Wears hats
Wheelchair
Wise
Witty
Wrinkles

Adult and family living (Teac. ed.) © (1990). Curriculum and Instructional Materials Center, Oklahoma Department of Vocational and Technical Education. Used with permission. p. D VI-17.

Media Watch Checklist

Characteristics of older people are often distorted to be funny and are insulting to older people. Watch a television program. Note whether older people are showed in a positive or negative manner.

Program Title:

Description of Incident:

Older People Are Shown As . . .

_____ Face always blank with no expression.

_____ Clothing baggy, unpressed, ill-fitting.

_____ Unable to speak clearly.

_____ Less capable in comparison with others.

_____ Having old-fashioned ideas.

_____ The "rocking-chair" image.

_____ Stubborn.

_____ Forgetful.

_____ About to die.

_____ Intruders or meddlers in the relationship of others.

_____ Ridiculed when they show sexual feelings.

_____ Patronized and treated as children.

Programs That Show Old People . . .

_____ Exclude or avoid life concerns of older people.

_____ Do not show good things about aging.

_____ Do not discuss the very bad conditions under which some old people must live.

_____ Leave out the perspective of older people in talking about economic and social issues.

_____ Do not involve older people in writing, directing, or producing the program.

_____ Have young people playing the roles of older people.

Adapted from Bragger, L. (1983, January). Yesterday, today, & tomorrow: Interdependent generations. *Forum* (p. 9). New York, NY: J.C. Penney, Consumer Education Services.

SUPPLEMENT 9

A Case Study on Aging – Mr. Card

The subject of this case study is Mr. Josea Card, age 70, a widower with three children and seven grandchildren. Mr. Card came to Jonestown in 1925 as a young man determined to learn a skill and set up his home in this South Plains town. He began as a carpenter's helper with a local construction company and showed skill in doing his job assignments and willingness to learn more. Mr. Card stayed with the construction company for six years until it was closed by the bank during the 1930s.

By this time, Mr. Card became a master carpenter, but there were few odd jobs to be found during the Depression. He met and married Mrs. Card in 1928, but they waited to have children until the economic picture became brighter. They were a proud couple and, although poor, they would not accept charity from the local social welfare agency. When Mr. Card lost his job, Mrs. Card went to work as a cook in a school cafeteria. Somehow they managed to survive with dignity through the depression years.

By the late 1930s, Mr. Card became known as a skilled carpenter and cabinet maker who worked out of a small workshop in his home. He received steady jobs from private individuals as well as from businesses. He was proud of his small business and his "entrepreneurial" abilities. He custom-built a modest home where he and Mrs. Card raised three children—two sons and a daughter. He put his first son through college while the second son chose to become a carpenter like his father. His daughter attended college two years and then married. She and the carpenter son have stayed in Jonestown to raise their families. The eldest son was killed in Viet Nam and his wife and child moved to her parents' home in another part of the state.

Having owned his own business most of his life, Mr. Card never participated in a group benefits program. He always saved for the things that he and Mrs. Card wanted and needed and always paid for things out-of-pocket rather than on credit. He felt good about this and was proud that he did not owe anyone anything, nor have to depend on the charity of friends, family, or the government. He had a small nest egg set aside for his "golden years." Although he officially retired by turning his cabinet-making shop over to his son in 1970, he liked to work part-time and often made special orders.

Mr. and Mrs. Card enjoyed the first two years of retirement. They took a few trips but mostly enjoyed seeing their children and grandchildren once or twice a week. Remembering stories of their youth was their favorite source of conversation. They frequently got to babysit when their children went out on weekends, and when their daughter returned to work, they kept the 5-year-old when she came home from kindergarten at noon.

These contented years came to a dramatic halt, however, in 1973 when Mrs. Card learned she had terminal cancer and was hospitalized for six months of intensive care. Since she was too young for Medicare/Medicaid benefits, the expenses of her care depleted their "nest egg" in the bank. After his wife's death, Mr. Card became very depressed and seriously considered suicide on several occasions. His son and daughter sensed his unwillingness to live and were worried about his low spirits and general apathetic attitude toward his own health and appearance. No one brought these feelings out in the open. The one thing that kept Mr. Card going was the weekly visits from his grandchildren and getting to go to his son's and daughter's homes for several evening meals during the week.

After a while, Mr. Card once again took some interest in his own life. He asked his son to bring some of his woodworking tools from the shop to place in his basement and began working very hard, refinishing the furniture that he remembered his wife had enjoyed using. He began to invite his "old friends" over to share a meal and to talk about the "good ole days." He found he had more in common now with other widowers while the couples that he and Mrs. Card had socialized with grew more distant. This bothered him a little, but he never talked about it with anyone.

At times he felt alone. People honked at him when he drove too slowly. Younger people showed very little respect when he went downtown—they sometimes pushed to get by him in a crowd and seldom did they offer to help with a heavy package or a door. But Mr. Card tried not to let that bother him. He knew this was a youth-oriented culture and he remembered how impatient he was when he was young: "If only they would put themselves in my place once in awhile," he thought, "they would probably be more considerate."

One time, after his wife's death, Mr. Card visited a friend in a nursing home. He tried to be cheerful during the visit but he couldn't help thinking how glad he was that he was independent and could manage living alone. So many "old people" under one roof made the nursing home seem to him a sort of "preliminary tomb." He wanted no part of *that* in his old age, and he made a point of telling these feelings to his family several times. He was going to die with his "boots on" in his own home and did not want to be dependent on *anyone*!

Reprinted with permission: A case study on aging. (1976, May). *Tips and topics in home economics* (p. 5). Lubbock: Texas Tech University, School of Home Economics.

Support Services for the Elderly and Individuals with Disabilities

DIRECTIONS: Print the letter of the answer on the blank to complete a true statement.

_____ 1. People may treat someone with a disability badly because of

a. fear.
b. lack of knowledge.
c. having the wrong idea (misconception) about disabled people.
d. all the above

_____ 2. Which of the following is *correct* about Medicare/Medicaid?

a. They are part of the Social Security Act.
b. They are the same thing.
c. They are for almost everybody 65 or older.
d. They cover all health care services.

_____ 3. Most people with disabilities want to

a. have everything taken care of for them.
b. be told what to do.
c. be independent.
d. have people feel sorry for them.

_____ 4. When helping people with visual disability (trouble seeing), we should

a. avoid saying words such as "see," "look," "read."
b. refer to them as "the blind."
c. speak louder than normal.
d. not insist on helping them.

_____ 5. A thoughtful thing to do for an elderly relative is to

a. find a nice nursing home for him/her.
b. make all the decisions so he/she has no worries.
c. encourage him/her to be as independent as possible.
d. plan a schedule for each day so he/she does not get bored.

Who Can Help?

Match the need for support services with the agency which can help. **Note**: "Where to go for help" agencies may be used more than one time.

Where To Go for Help:

A. Illinois Department on Aging (800) 252-8966
B. Illinois Department of Public Aid (800) 252-8635
C. Social Security Administration (800) 234-5772
D. Illinois Commerce Commission (217) 782-2024
E. Illinois Department of Rehabilitation Services (217) 344-5433
F. Illinois Department of Mental Health and Developmental Disabilities (217) 782-2753
G. Internal Revenue Service (800) 424-1040
H. Department of Veterans' Affairs (217) 785-7208 or (800) 872-0466
I. Illinois Attorney General (217) 782-2771
J. Direction Service of Illinois (800) 634-8540
K. Department of Human Rights (312) 814-6200
L. Illinois Secretary of State (800) 252-2904
M. Illinois Department of Public Health local number or (217) 782-3300

Need for Support Services:

_____ 1. A disabled person has been discriminated against or denied his/her rights.

_____ 2. An elderly person is a victim of consumer fraud.

_____ 3. An elderly person is a victim of abuse.

_____ 4. A disabled person needs information of services to meet consumer and family needs.

_____ 5. A person over age 40 wants to report age discrimination in employment, housing, or credit.

_____ 6. An elderly person needs information on disability benefits, Medicare, and retirement insurance.

_____ 7. A person over age 65 who is blind or disabled needs income to meet basic needs.

_____ 8. A person needs information or assistance regarding a utility bill.

_____ 9. A person over age 55 with severe vision impairment needs low vision devices.

_____ 10. An elderly person needs in-home or adult day care.

_____ 11. An elderly person needs a handicapped parking card.

_____ 12. A taxpayer 60-years-old or over needs free federal income tax information and tax return preparation.

_____ 13. A family needs assistance coping with the effects of Alzheimer's Disease.

Facilitator's Guide to Support Services for the Elderly and Individuals with Disabilities

DIRECTIONS: Print the letter of the answer on the blank to complete a true statement.

D 1. People may treat someone with a disability badly because of

a. fear.
b. lack of knowledge.
c. having the wrong idea (misconception) about disabled people.
d. all the above

A 2. Which of the following is *correct* about Medicare/Medicaid?

a. They are part of the Social Security Act.
b. They are the same thing.
c. They are for almost everybody 65 or older.
d. They cover all health care services.

C 3. Most people with disabilities want to

a. have everything taken care of for them.
b. be told what to do.
c. be independent.
d. have people feel sorry for them.

D 4. When helping people with visual disability (trouble seeing), we should

a. avoid saying words such as "see," "look," "read."
b. refer to them as "the blind."
c. speak louder than normal.
d. not insist on helping them.

C 5. A thoughtful thing to do for an elderly relative is to

a. find a nice nursing home for him/her.
b. make all the decisions so he/she has no worries.
c. encourage him/her to be as independent as possible.
d. plan a schedule for each day so he/she does not get bored.

SUPPLEMENT 10A (continued)

DIRECTIONS: Match the need for support services with the agency which can help. **Note**: "Where to go for help" agencies may be used more than one time.

Where To Go for Help:

A. Illinois Department on Aging (800) 252-8966
B. Illinois Department of Public Aid (800) 252-8635
C. Social Security Administration (800) 234-5772
D. Illinois Commerce Commission (217) 782-2024
E. Illinois Department of Rehabilitation Services (217) 344-5433
F. Illinois Department of Mental Health and Developmental Disabilities (217) 782-2753
G. Internal Revenue Service (800) 424-1040
H. Department of Veterans' Affairs (217) 785-7208 or (800) 872-0466
I. Illinois Attorney General (217) 782-2771
J. Direction Service of Illinois (800) 634-8540
K. Department of Human Rights (312) 814-6200
L. Illinois Secretary of State (800) 252-2904
M. Illinois Department of Public Health local number or (217) 782-3300

Need for support services:

I 1. A disabled person has been discriminated against or denied his/her rights.

I 2. An elderly person is a victim of consumer fraud.

A 3. An elderly person is a victim of abuse.

J 4. A disabled person needs information of services to meet consumer and family needs.

K 5. A person over age 40 wants to report age discrimination in employment, housing, or credit.

C 6. An elderly person needs information on disability benefits, Medicare, and retirement insurance.

C 7. A person over age 65 who is blind or disabled needs income to meet basic needs.

D 8. A person needs information or assistance regarding a utility bill.

E 9. A person over age 55 with severe vision impairment needs low vision devices.

A 10. An elderly person needs in-home or adult day care.

L 11. An elderly person needs a handicapped parking card.

G 12. A taxpayer 60-years-old or over needs free federal income tax information and tax return preparation.

B 13. A family needs assistance coping with the effects of Alzheimer's Disease.

Housing Checklist

We often take the convenience of where we live for granted.

You can use the following checklist to get an idea of how convenient a place to live is for an elderly person. (Additional arrangements may be needed if a person has special limitations.)

DIRECTIONS: Check the appropriate column for each item. Add any other point you feel necessary.

	Yes	Partly	No
Is the house or apartment entrance easy to enter?	____	____	____
Could a person using a wheelchair or a walker enter easily?	____	____	____
Are the hallways and doorways wide enough for a person needing a wheelchair or walker to pass through?	____	____	____
Are the toilet, sink, and bathtub or shower safe and convenient to use?	____	____	____
Are there features such as bars and nonskid tub surfaces for safety?	____	____	____
Are the floor surfaces nonskid?	____	____	____
Is the pile on the carpet too thick for a wheelchair to move easily?	____	____	____
Are the floors free of scatter rugs?	____	____	____
Is the kitchen countertop a convenient height?	____	____	____
Are the kitchen cabinets easy to reach?	____	____	____
Can personal items be stored so they are convenient to reach?	____	____	____
Are all rooms of the home or apartment easy to reach?	____	____	____
Are there areas hard to get to due to a long staircase?	____	____	____
Is the telephone handy and easy to use?	____	____	____

Checklist Follow-Up:

Look at the total checks. Do you think it would be a safe and convenient place for an older person to live? Why or why not? What changes would have to be made? How difficult would these changes be? How expensive would these changes be? What inexpensive things could be done to improve the housing arrangements?

Source: Housing checklist. (1987, Spring). In *Tips & Topics* (p. 6). Lubbock: Texas Tech University, School of Home Economics. Used with permission.

How Does a "Blind Person" (Individual with Vision Impairment) Get Around?

The following excerpt from *How Does a Blind Person Get Around* is an example of what a blind person is likely to encounter while walking down the street. Pay particular attention to the details the person must be aware of in the environment.

> On the sidewalk, a blind person may use the sounds of parallel traffic to judge her distance from the street. As she walks, she can determine whether she is on an asphalt or concrete sidewalk by the type and texture of the sounds made by her shoes and cane, and the pressure on the soles of her feet. She hears the sounds of traffic and the direction in which it is moving, the noises of machinery, and the sounds of people walking in and out of shops. Landmarks may be the smell of hamburger from a restaurant's exhaust fan or the stench from the uncovered garbage cans that stand uncollected. The sun's radiation helps her figure out direction. The quick absence of the sun's heat may indicate a marquee or a canopy overhead. A drop in temperature to the side may tell her there is an alley between buildings.
>
> As she approaches a corner, she hears perpendicular as well as parallel traffic and, by sensing a change in sound and wind, knows she has passed the end of a row of buildings and is close to the corner. Sometimes she hears the nearby voices of other people waiting to cross the street, but she avoids taking her cues from the sounds of pedestrians because they may be jaywalking, which for her could be very dangerous. Instead, she stops, squares off, and listens for the parallel traffic to start and the perpendicular traffic to stop. When this happens, she steps down (looking straight ahead in order not to give the impression that she can see and is watching the traffic) and crosses the street. At the other side she feels and hears her cane touch the curb, where she steps up and out of the street as soon as possible.

Adapted from *Persons with disabilities and you: A resource manual on disabilities* (p. 23). (1992, May). Springfield, IL: Secretary of State, Department of Human Services.

The Hazards of Deafness

The following anecdotes are from *The Hazards of Deafness*, a book written by Dr. Roy Holcomb, a deaf educator. They may help you to understand some of the intrinsic bonds of the deaf community.

"You live in the north [and] your car often dies when you are outside scraping your windows. While doing this you learn to watch your radio antenna. When it is shaking, you know that your car is still running; when it stops shaking, you know that your car has died. And some people think that the deaf get nothing from their radio."

"You find it hard to understand how newspapers can make noise when turning pages, and clothes do not when being folded."

"You are late for work because you slept with your head under the pillow and missed the light flashes of the alarm clock."

"It is 2 a.m. and you are sound asleep, there are people pounding on your doors and walls trying to let you know your house is on fire; you will probably be lucky to awaken at all."

Role Play Handicapped Situations

Blind:

Blindfold yourself. Make sure you have a BUDDY.

Try to . . . Leave the room.
Get a drink of water from a pitcher in the room. Pour it yourself.
Come back in to supply table with water pitchers.
Make a peanut butter sandwich.

Amputee:

Tie one arm behind yourself. Make sure you have a BUDDY.

Try to . . . Untie and tie someone's shoe (or your own).
Comb/brush your hair.
Peel an orange.

Wheelchair:

Use a wheelchair. Make sure you have a BUDDY.

Try to . . . Leave the room and open doors.
Get a drink of water.
Go up/down stairs/incline or elevator.

Deaf:

Place something over your ears to muffle sound.

Try to . . . Watch television.
Communicate with someone.
Observe at least two people talking and try to write down what they are talking about.

Source: *CORE curriculum for vocational home economics in Colorado* (p. R-V-C-7 [2]). (1991, June). Fort Collins: Colorado State University. Reprinted with permission.

Persons with Disabilities

About 10 million Americans suffer from some *emotional or mental disorder.* Mental disorders can be caused by head wounds, repeated blows to the head, infections of the brain, and certain other diseases such as Alzheimer's, alcohol use, and drug use. Emotional problems with anxiety, depression, personality and psychosis may be inherited or result from stress. Mental illnesses range in seriousness from those which cause a person to be a little "different" (eccentric) or have troubles with feelings of anxiety or depression, to persons who cannot function at work or in social relationships due to severe emotional disturbances and behavior that has little bearing on reality. Support services may be needed from a family member, a mental health professional, or the police.

Hearing impairment and a person's ability to meet basic needs may be based upon the age at which the person became hearing impaired and how serious the impairment is. The handicap of deafness is being cut off from the normal means of getting and sending language. Every hearing impaired person copes with loss of communication through hearing in his/her own way such as sign language, lip/speech reading, reading, writing, or relying on muffled sounds. Support services might include figuring out how the deaf person communicates and/or getting an interpreter.

Mentally retarded persons have a decreased ability to learn. Three percent of Americans are mentally retarded. In Illinois, about 340,000 have the disability. Many persons who are mentally retarded may live independently or semi-independently in group homes, apartments, foster homes, or with family members. They may be able to do many things for themselves and enjoy many activities. Persons who are mentally retarded can be taken advantage of through poor judgment; these individuals are often victims of verbal, physical, or sexual abuse. Needs of mentally retarded persons include the need to be loved, to be worthwhile, and to have a sense of dignity. These persons may need supervision at home or in employment.

Mobility impairments may affect about 6% of the population and may be the result of birth defects, accidents, diseases, or combat. Some conditions that may result in mobility impairment may include stroke, arthritis, amputation, severe kidney disorders, muscular dystrophy, polio, spinal cord injury, and cerebral palsy. People with mobility impairments are like everyone else except they need devices to help them get around. They face barriers including stairways, narrow doors, curbs on sidewalks, parking lots without handicapped spaces, and bathrooms that are hard to get around in. Attitudes of disgust, pity, or discomfort are often expressed by able-bodied people. Support services (people and things) may include help in substituting for the use of hands, feet, arms, legs, and neck. They may need help in moving objects, getting from one place to another, and coping with feelings of hopelessness and loss of control.

In Illinois, there are about 60,000 seriously *visually-impaired* persons (about 1 out of every 200). Most blind people are over age 65 (60%). Some possible handicaps of blindness may include lack of ability to get around, negative public attitudes, low self-esteem, poor self-confidence, negative effect on personal and social relationships, and negative effect on educational and employment opportunities.

Adapted from *Persons with disabilities and you: A resource guide on disabilities* (pp. 1-24). (1992, May). Springfield, IL: Secretary of State, Department of Human Services.

SUPPLEMENT 16

Support Services for the Elderly and Persons with Disabilities

Case Studies

For each case study, determine support services needed and where to get them.

- Mr. Jones, 78, is a recent widower who never had to care for any household responsibilities or meal preparations until his wife's death. He is in good physical health and operates a bike repair shop in his garage.

- Mr. and Mrs. Walters are an elderly couple who live in their own home. Mr. Walters' health has declined to the point where he needs constant medical supervision. Mrs. Walters is in good health but is unable to care for her husband's needs. How can physical and social needs best be met?

- Mr. and Mrs. Bates have recently retired from their careers at age 60. They have an older home with a large yard and garden, all of which requires a lot of care. They were looking forward to caring for them during retirement in addition to traveling and visiting family members. One day while mowing, Mr. Bates suffered a massive stroke which has left him bedridden.

- Miss Bloom is an elderly woman whose apartment is being converted into a condominium. She cannot afford to purchase the condominium. She has been unable to locate to another suitable apartment.

- Mrs. Kerr is faced with the decision of moving in with her children, moving to a nursing home, or hiring live-in help at her own home. What options does she have in this community?

Adapted from *What to do regarding nurturing human development* (p. 220). (1983, August). Columbus: Ohio Department of Education, Division of Vocational Education, Home Economics Section. Used with permission.

SUPPLEMENT 17

Tips for In-Home Caregivers:

1. Ask what the person to receive care wants. Care that includes private space and keeping a familiar daily lifestyle may be most wanted.

2. Encourage the person to receive the care to be actively involved in making decisions about care.

3. Be sure instructions are clear.

4. Think out the list of duties ahead of time and stick to it. Avoid last-minute surprises.

5. Thank helpers for work well done.

6. Avoid favorites; be fair to all.

7. Let people know how well they did their jobs; avoid being too passive or too critical.

Adapted from How to supervise in-home caregivers. (1991, December). *Work and family life* (p. 4), with information from DeGraff, A. H., author of *Home health aides: How to manage people who help you.*

SUPPLEMENT 18

Self-Esteem

Self-esteem is the picture a person has of him/herself based upon evaluations, judgments, and feelings accumulated through life's experiences. Whether a person has high self-esteem or low self-esteem fluctuates at times.

Self-esteem affects how situations and meanings are seen, how feelings are experienced, and what actions are chosen. It is communicated to others by voice tones, body posture, facial expressions, gestures, words, and behaviors such as those listed below:

High-Esteem Behaviors

- actively contributing
- making decisions
- asking for and accepting help
- receiving love and affection
- taking and accepting responsibility for self
- caring for self
- enjoying of self
- honestly and clearly expressing thoughts, feelings, and wants

Low-Esteem Behaviors

- putting self down
- trying to satisfy others
- sulking
- procrastinating
- refusing love and affection
- not accepting honest admiration by others
- not asking for and not accepting help
- avoiding responsibility for self
- failing to provide self-care

Someone trying to help another should avoid lessening that person's self-esteem with such behaviors as . . .

- making assumptions of what the other person is thinking, feeling, and wanting.
- trying to control or manipulate.
- taking or accepting responsibility for the other person.
- withholding help.
- ridiculing, ignoring, or using sarcasm.
- concentrating on the person's liabilities.

Someone trying to help build another's self-esteem can use such behavior as . . .

- working toward understanding the other person.
- allowing for and appreciating differences.
- giving help.
- cooperating in doing tasks, problem solving, and relationship building.
- refraining from putting the other person down.
- sharing in fun activities and enjoyment of the other person.

Adapted from Bagby, B. H. (1978, June). *Self-esteem and crisis management* (CHEP workshop). Champaign-Urbana: University of Illinois, Cooperative Extension Service.

SUPPLEMENT 19

I. L.I.K.E. M.E.!

DIRECTIONS: For each letter below, write at least one example of what you might do to boost self-esteem.

I _____

L _____

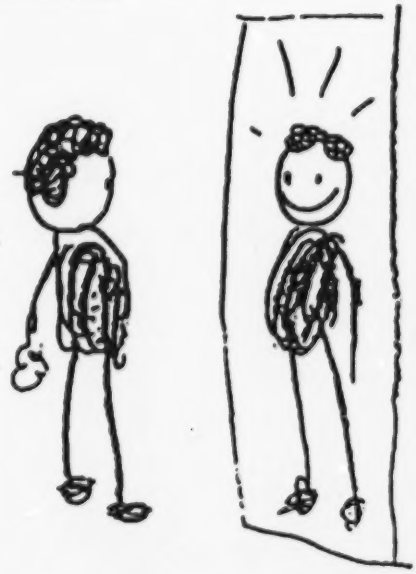
I _____

K _____

E _____

M _____

E _____



Adapted from Barker, J. M. (1990). I. L.I.K.E. M.E. self-esteem teaching packet. Rock Springs, WY: Joan Barker Consulting. Used with permission. Illustration adapted from Bowdoin, R. (1989). *The magical years* (p.131). Nashville, TN: The Southern Company. Used with permission.

SUPPLEMENT 20

Stressful Events
. . . for the Elderly or Disabled

DIRECTIONS: Ask an elderly or disabled person to tell you whether the following events cause stress in their life. Then, ask the person to help you rank the events with the most stress-producing event ranked number 1.

Life Events:

_____ negative attitudes of other people

_____ architectural barriers

_____ communication problems

_____ regrets in the way life turned out

_____ physical illness

_____ fears

_____ lack of money

_____ inability to get around

_____ isolation (loneliness, lack of relationships with others)

_____ physical changes (such as _____)

_____ boredom

_____ inadequate health care

_____ loss of control over life

_____ feeling not worthwhile

_____ other(s) _____

How Do You Cope?

DIRECTIONS: Place an "X" beside each of the following strategies which might be appropriate for you to suggest to an **elderly person** or an **individual with a disability** as a means of coping with stress. Be able to explain why you chose each strategy.

_____believe in yourself
_____keep busy
_____eat something
_____blame somone else
_____pretend the stress is not happening
_____try to sleep through it
_____pamper yourself
_____accept your feelings
_____develop a support system
_____have a cigarette
_____keep all your feelings inside
_____try to hurt yourself
_____try to hurt someone else
_____withdraw
_____talk to someone you trust
_____help someone else
_____keep a journal
_____look ahead to the future
_____refuse to accept the stress
_____focus on the problem, not the symptom
_____ask yourself "Is it worth getting upset about?"
_____try to find some opportunity within a bad situation (look for the "silver lining")
_____take an active approach
_____control your reaction to stress
_____look for choices and alternatives
_____take a drink
_____yell at people you care about
_____spend money you don't have
_____pout
_____practice relaxation techniques
_____exercise
_____follow a healthy diet
_____develop an action strategy
_____look at stress as a challenge
_____learn to make the most of things you cannot change
_____set goals
_____keep hope alive; do not give up
_____avoid excess "junk" food
_____do something you enjoy
_____become addicted to television
_____go for a walk
_____learn to accept a difficult situation without losing hope

SUPPLEMENT 22

Abuse of the Elderly

DIRECTIONS: Select the answer that *best* completes the statement or answers the question. Place the letter of the correct answer in the space to the left of the item.

_____ 1. Abuse of the elderly happens

A. in all racial, religious, and socioeconomic groups.
B. most often among strangers.
C. most often in families with good self-images.
D. most often when the elderly person is dependent on the abuser.

_____ 2. Caregivers may have feelings of

A. frustration.
B. anger.
C. guilt.
D. all of the above

_____ 3. Abused elderly people may not report abuse because

A. they are isolated from friends.
B. they fear nobody will believe them.
C. they fear more abuse.
D. all of the above

_____ 4. The profile of a victim of elder abuse tells us that

A. the victim is usually male.
B. the victim usually has a legal relationship with the abuser (such as guardian).
C. there may be a history of family conflict such as child or spouse abuse.
D. the victim can take care of him/herself.

_____ 5. In Illinois, the type of elder abuse most frequently reported is

A. physical abuse.
B. sexual abuse.
C. financial exploitation.
D. passive neglect.

Read each statement carefully. If the statement is true, write the word TRUE in the space to the left of the statement. If the statement is incorrect, write the word FALSE in the space to the left of the statement.

_____ 6. Illinois has an Elder Abuse and Neglect law.

_____ 7. Illinois mandates (requires) reporting suspected cases of elder abuse.

_____ 8. Most elderly people deny being abused.

_____ 9. The abusive caretaker usually has a good self-image.

_____ 10. Behavioral indicators of elder abuse may be shown by both the victim and the abuser.

_____ 11. Friends and outside interests may help to prevent abuse.

_____ 12. A person reporting a suspected case of elder abuse must give their name.

_____ 13. Abuse may include unintentional action by a person.

_____ 14. The elderly abuse could be accepted by the family as a way of life.

_____ 15. The number of reported cases of elder abuse in Illinois is declining.

Match the type of elder abuse to its correct definition by writing the correct letter on the blank provided.

	Abuse		**Definition**
_____ 16.	Financial Exploitation	A.	Being denied food, medicine, clothing, and/or visits from friends
_____ 17.	Physical Abuse	B.	Being forced to sign over Social Security checks or the deed to the house
_____ 18.	Emotional Abuse	C.	Being called names or threatened
_____ 19.	Neglect	D.	Being forced to be sexually intimate (touching, fondling, and so on)
_____ 20.	Sexual Abuse	E.	Restraining or isolating an older person for other than medical reasons
		F.	Being hit or slapped

Elder Abuse . . . It Happens

The Illinois Department on Aging

Jim Edger, Governor
Maralee I. Lindly, Director

Yes, It Does Happen:

Mr. Johnson is 78 years old and lives with his son, who is unemployed. The son is in need of money and cashes his father's Social Security checks for his personal use.

Mrs. Jones, age 85, lives with her son and large family. When she complains about the children bothering her, the son yells at her and sometimes strikes out at her physically.

Mrs. Brown, age 70, has Alzheimer's disease, is incontinent and needs constant supervision. Her daughter, who cannot cope with the situation, ties her mother in a chair for several hours at a time.

Elder Abuse Can Mean:

Financial Exploitation
- being forced to sign over money (Social Security checks, pension checks, savings accounts) or property (the victim's home or other real estate)

Physical Abuse
- being handled roughly, slapped, or hit

Emotional Abuse
- being insulted, threatened, called names, or harassed

Neglect
- being denied food, medical care, clothing, shelter, or social contact; or being forcibly confined or restrained

Sexual Abuse
- being forced to be sexually intimate

A Victim:

- may be physically or mentally impaired and dependent on the abuser for care and assistance
- may suffer from more than one type of abuse
- may be reluctant to admit their loved one is an abuser
- may be fearful of reporting abuse, thinking it could lead to further harm, nursing home placement, or total abandonment

An Abuser:

- is most often a family member (adult child, spouse, or other relative) who lives with the victim

- may lose control due to the stress associated with caregiving
- may have an alcohol or substance abuse problem
- may be frustrated or isolated

The Abuse:

- could be intentional or unintentional action by anyone
- could be caused by economic or emotional dependence of either the victim or the abuser
- could be accepted by the family and society as a way of life

Help Is Available:

- Anyone can report a case of elder abuse in good faith.
- The Elder Abuse and Neglect Act protects reporters and case workers from civil or criminal liability.
- All information will be kept confidential. The reporter's name will *not* be released.
- The report will be received by an Illinois Department on Aging staff person.
- The Illinois Department on Aging will work with a network of local agencies to serve both victims and their abusers.
- A case worker will contact the victim and help determine what services are most appropriate to stop the abuse. Those services may include in-home care, adult day care, legal assistance, emergency shelter, petitioning for an order of protection, law enforcement intervention, etc.
- The older person has the right to accept or decline services.

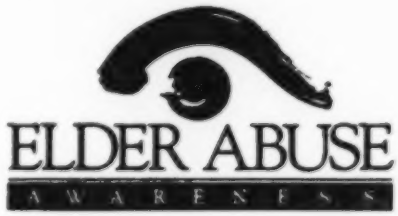
Elder Abuse Happens:

For some older people, their worst fear isn't dying. It's *living*. Living with a constant dread of loneliness, confusion, neglect. Living to be abused—physically, mentally, financially. Living to be taken advantage of by others, or just forgotten. It's not much of a life. But we're willing to do something about it. If you are, too, give us a call at the Illinois Department on Aging. All calls are confidential.

Call the Illinois Department on Aging Toll-Free:

1-800-252-8966
(Voice and TDD)
8:30 a.m. – 5:00 p.m.
(Monday - Friday)

Illinois Bell Relay Number for the Hearing Impaired:
800-526-0844



The Illinois Department on Aging does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitutions. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department on Aging; for information, call 1-800-252-8966 (Voice and TDD).

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Illinois Department on Aging

Case Studies - Images of Abuse

A man with a reputation of moving in with older persons to "help" them began living with a frail older woman, Maria. He soon refused the home delivered meals the woman depended on and would not pay for the services she needed. He confined the woman to her house and would not permit her to talk to her family or to professionals on the telephone, or to her long-time neighbor. After a report from a concerned relative, the elder abuse case worker reinstated the telephone check service the man had canceled, was able to get the client to a doctor who diagnosed her as malnourished, and located a cousin who was willing to act as her guardian. Although the man contested the guardianship, the court did award Maria's relative permanent guardianship. According to the elder abuse case worker, Maria has improved remarkably both physically and mentally since services were instituted.

An older man, John, who had suffered a stroke, lived with his son and granddaughter. Although the house was generally clean, John's room was filthy. He was confined to bed, had not been bathed or shaved in a long time, and was forced to lie in his own waste. Pictures taken by the elder abuse case worker on her first visit after the granddaughter reported the abuse convinced a judge to grant a temporary guardianship. With his consent, John was removed from the home for a medical evaluation and was later placed in a nursing home. Not only were his physical needs cared for but he was reunited with the other members of his family from whom his son had isolated him.

Emma, age 77, was admitted to the hospital as a result of physical abuse. Emma's 55-year-old disabled son, Phil, who lived with her, had physically and emotionally abused her for the past two years, leaving her frail and confused. There was also evidence that Phil financially exploited his mother. After the hospital social worker contacted the local elder abuse agency, the case worker, in cooperation with Emma's physician, determined that she was capable of living on her own. Another son, who lived out of state, agreed to have Phil come live with him, so that Emma is able to live in safety in her own home.

A 60-year-old woman, Katherine, was a victim of chronic obstructive pulmonary disease and required oxygen 24 hours a day. Her 42-year-old daughter and her children moved in with her with the agreement that they would share expenses and the daughter would do the banking, grocery shopping, and bill paying for the family. Although the daughter soon moved out, her name remained on the mother's accounts. Her visits were erratic, she failed to pay the utility bills, and she also failed to provide adequate food to her housebound mother. When the elder abuse provider agency intervened, Katherine was facing eviction. With the help of Early Intervention Services funds, the case worker was able to avert a utility shut-off, pay the overdue rent, and purchase portable oxygen tanks to allow Katherine to leave the house. In addition, she helped Katherine establish a new bank account without her daughter's name and helped her apply for food stamps and public assistance.

Source: *1990 report on elder abuse in Illinois* (p. 10). (1990, December 31). Springfield: Illinois Department on Aging.

Elderly Simulation Activity

To simulate old age, assume impairments common to some older persons.

Impairment	Task
Arthritis	Tie a shoe, button a shirt, peel an orange, or play cards with gloves on. Tape cotton balls around fingers and try to pick up objects (coins, stamps, and so on) or eat.
Dental	Eat a caramel or an apple without chewing. List foods you can eat without chewing.
Hearing	Cover both ears with your hands or put your fingers in your ears and have someone say something to you in a whisper.
Impaired mobility/movement	Tie your shoelaces together and get to the telephone by the third ring.
Sight	Copy an article on a copy machine at 65% reduction and read it aloud. Put Vaseline on a pair of glasses and read a story.
Social	Put signs on each other's back which say the following: "Treat me like a child." "Ignore me." "Talk down to me." "Talk loudly to me." "Talk about me, not to me." The wearer should not know what the sign says; then learners will interact and discuss feelings about how they were treated.
Taste and smell	Eat Knox gelatin and drink a glass of water with food coloring.

Source: *Prevention of family violence* (pp. 8-27). (1989). Frankfort: Kentucky Department of Education.

SUPPLEMENT 26A

How To Prevent Elder Abuse

Tips for Family Members

Do . . .

- Maintain close ties with aging relatives or friends by keeping abreast of health changes or ability to live independently.
- Anticipate possible future incapacities by planning, as a family, who will accept responsibilities for when the relatives become incapacitated.
- Become familiar with your older relatives' financial records, wills, safe deposit boxes, insurance, debts, and sources of income before the relatives become incapacitated.
- Plan together with the person how these affairs should be handled.
- Explore your older relatives' wishes regarding health care; discuss alternatives regarding terminal medical care and attitudes about future use of personal assets.
- Closely examine your own ability to provide long-term care for a frail and increasingly-dependent parent or relative. Some items to examine:
  - Own physical limits
  - How will caregiving role be discontinued?
  - Can family afford necessary care?
  - How will family be affected?
  - How will family members handle stress or conflicts caused by relative moving in?
- Be familiar with community services to families and seniors.
- Plan how own needs will be met as person becomes increasingly dependent.
- Discuss your plans with friends and all significant others; ask for their support and understanding—you may need it.
- Explore alternative sources of care in case a need develops.
- Examine the physical environment the frail relative will be moving into. Will the person's disabilities be met? Are the first floor bathrooms, bedrooms, or entryways accessible? Also, consider the following:
  - Can area accommodate a wheelchair?
  - Will carpet or stairs become barriers?
  - Is a fenced yard needed to prevent loved one from wandering off?
  - Do facilities allow for proper storage of medication, oxygen, and fixing of special diets?
  - Can you move the dependent relative safely in case of fire?
- Maximize the person's independence as much as possible.
- A private phone or other beneficial changes can make a tremendous difference.

Don't . . .

- Accept or offer personal home care unless you thoroughly understand the responsibilities and costs involved.
- Assume past problems of personal relationships between you and the elderly person will disappear.
- Expect irritating habits or problems to stop or be controlled because the person moves in with you.
- Expect to "do it all" and become superhuman. Find sources of help and use them!
- Ignore your own limitations and overextend yourself. This is how passive neglect begins.
- Label yourself a failure if home care is no longer possible and you must seek an alternative.

Source: American Association of Retired Persons (AARP). (1992). *Domestic mistreatment of the elderly: Towards prevention.* Springfield, IL: Governor's Office of Senior Involvement.

SUPPLEMENT 26B

How To Prevent Elder Abuse

Tips for Senior Citizens

The following are some "Do"s and "Don't"s to follow to help prevent domestic mistreatment of elderly citizens.

Do . . .

- Maintain and increase your network of friends and acquaintances as you age.
- Participate in community functions by volunteering or being a member or officer of any organizations.
- Develop a mutual reassurance "buddy system" with a friend outside your home for at least one contact per week to share feelings and thoughts.
- Keep regular medical, dental, hair, and other personal appointments. These professionals could be helpful; in special situations these individuals could attest to your levels of competency.
- Ask your friends to visit where you live. Even brief visits will allow friends to check on your well-being and attitude.
- Have your own telephone and mail box. Open your own mail. If your mail is being intercepted, discuss alternatives with the postal services.
- Keep your personal belongings neat and orderly; store your effects in a customary storage place.
- Make others aware that you know where everything is supposed to be.
- Expect records, accounts, and property to be available for examination by anyone you trust in addition to the person you or the courts may have designated to manage your affairs.

Don't . . .

- Voluntarily relinquish control of your property or assets until you determine you no longer can manage them.
- Leave cash, jewelry, or prized personal belongings lying about.
- Accept personal care in return for transfer or assignment of your property or assets without a lawyer, advocate, or other trusted person involved as witnesses to the transaction.
- Lose contact with old friends/neighbors if you must move into a relative's home or other living arrangements.
- Allow anyone else to keep details of your finances of property management from you. Even if a guardian or someone given the power of attorney is acting on your behalf in good faith, you still have the right to examine records, accounts, or see property.

Source: American Association of Retired Persons (AARP). (1992). *Domestic mistreatment of the elderly: Toward prevention.* Springfield, IL: Governor's Office of Senior Involvement.

SUPPLEMENT 27

Elder Abuse in Illinois

According to the *1991 Report on Elder Abuse in Illinois*, characteristics of **victims** in Illinois include the following:

- persons between 49 and 102 years of age (an average age of 77).
- almost 75% of victims were female.
- 75% of elder abuse victims were white; 23% were African American, 2% were Hispanic, and 2% were other or unknown.
- almost 75% of the alleged victims suffered from one or more barriers to independent living (30% were functionally impaired, 18% were non-ambulatory, 15% had hearing problems, 14% were disoriented, 13% had Alzheimer's disease, and 13% had vision difficulties); frequently, victims suffered from more than one barrier.

Information about **abusers** includes the following:

- Four out of five abusers were either the spouse (16%), a child (40%), or other relative (24%) of the victim.
- Abusers were more likely to be male (55%) than female (45%).
- Two-thirds of abusers were white, 31% were African American, 2% were Hispanic, and 1% were other or unknown.
- Over half (52%) of abusers were caregivers. Of those, 86% were informal caregivers and 14% were paid caregivers.
- Half of the abusers suffered from a barrier to independent living; almost one in four were substance abusers; 14% were financially dependent on the victim; and about 3% were mentally ill or had a functional impairment. (*1991 Report on Elder Abuse in Illinois*)

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Assisting the Elderly and Individuals with Disabilities – Notes

Assisting the Elderly and Individuals with Disabilities – Notes

Assisting the Elderly and Individuals with Disabilities – Notes

WORLD-CLASS EDUCATION FOR THE 21ST CENTURY: THE CHALLENGE AND THE VISION

VISION STATEMENT

As we approach the 21st century, there is broad-based agreement that the education we provide for our children will determine America's future role in the community of nations, the character of our society, and the quality of our individual lives. Thus, education has become the most important responsibility of our nation and our state, with an imperative for bold new directions and renewed commitments.

To meet the global challenges this responsibility presents, the State of Illinois will provide the leadership necessary to guarantee access to a system of high-quality public education. This system will develop in all students the knowledge, understanding, skills and attitudes that will enable all residents to lead productive and fulfilling lives in a complex and changing society. All students will be provided appropriate and adequate opportunities to learn to:

- communicate with words, numbers, visual images, symbols and sounds;
- think analytically and creatively, and be able to solve problems to meet personal, social and academic needs;
- develop physical and emotional well-being;
- contribute as citizens in local, state, national and global communities;
- work independently and cooperatively in groups;
- understand and appreciate the diversity of our world and the interdependence of its peoples;
- contribute to the economic well-being of society; and
- continue to learn throughout their lives.

MISSION STATEMENT

The State Board of Education believes that the current educational system is not meeting the needs of the people of Illinois. Substantial change is needed to fulfill this responsibility. The State Board of Education will provide the leadership necessary to begin this process of change by committing to the following goals.

ILLINOIS GOALS

1. Each Illinois public school student will exhibit mastery of the learner outcomes defined in the State Goals for Learning, demonstrate the ability to solve problems and perform tasks requiring higher-order thinking skills, and be prepared to succeed in our diverse society and the global work force.

2. All people of Illinois will be literate, lifelong learners who are knowledgeable about the rights and responsibilities of citizenship and able to contribute to the social and economic well-being of our diverse, global society.

3. All Illinois public school students will be served by an education delivery system which focuses on student outcomes; promotes maximum flexibility for shared decision making at the local level; and has an accountability process which includes rewards, interventions and assistance for schools.

4. All Illinois public school students will have access to schools and classrooms with highly qualified and effective professionals who ensure that students achieve high levels of learning.

5. All Illinois public school students will attend schools which effectively use technology as a resource to support student learning and improve operational efficiency.

6. All Illinois public school students will attend schools which actively develop the support, involvement and commitment of their community by the establishment of partnerships and/or linkages to ensure the success of all students.

7. Every Illinois public school student will attend a school that is supported by an adequate, equitable, stable and predictable system of finance.

8. Each child in Illinois will receive the support services necessary to enter the public school system ready to learn and progress successfully through school. The public school system will serve as a leader in collaborative efforts among private and public agencies so that comprehensive and coordinated health, human and social services reach children and their families.

Developed by citizens of Illinois through a process supported by the Governor, the Illinois State Board of Education and the Illinois Business Roundtable. Adopted as a centerpiece for school improvement efforts.

Printed by the Authority of the State of Illinois

ILLINOIS STATE BOARD OF EDUCATION
100 North First Street, Springfield, Illinois 62777-0001

Michael W. Skarr, *Chairperson, Illinois State Board of Education*
Joseph A. Spagnolo, *State Superintendent of Education*

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